| | | | SALTINILIED DOOOES | 1 TIONS | DDLICATION | SET AL | CPH// | 55/A | | |
|--|--|---|--|---|--|--------------------|---------------------------------------|----------|--|--|
| | | | TINUED PROSEC | | | PA) | # | 19 1 | | |
| Address to: | | | | | rney Docket N | o. 2 | 24730-2202 | | | |
| OE | Comm BOX C | | or for Patents DC 20231 FECEIVED | | t Named Inven | tor S | Stoughton | | | |
| 67 50 | _ \ | | | | ress Mail Labe | | EL675147329US | | | |
| DEC 1 9 2000 | | | DEC 2 6 2000 | | up Art Unit | | 1651 | | | |
| ULU SEN | | | | <u> </u> | Examiner | | Meller, M. | | | |
| This is a reque | A refuest for a | | continuation | | | | under 37 CFR 1.53(d) | | | |
| (continued pro | secution a 11, 1998, | entitled | (CPA)) of prior applic METHODS OF DIAGNO ON MEASURES | ے ۔ ation num | Der <u>09/038,894</u> , | | | | | |
| 1. Enter t | the unente | red amer | idment previously filed | on ur | ider 37 CFR 1.1 | 16 in the pi | rior nonprovisional | | | |
| b. A new Information | pplication in DELETE The inverse power of a Disclosure | is filed by the follo entor(s) to attorney o | t is enclosed. fewer than all the inversing inventor(s) name b be deleted are set for authorization of ager ent (IDS) is enclosed: | d in the pr rth on a se | ior nonprovisiona parate sheet att | al application | 22 201 HAIL I | פרסרוערס | | |
| | TO-1449 opies of ID | S Citation | ns | | | produje | | | | |
| CLAIMS (1) | | | (2) NUMBER FILED | D (3) NUMBER EXTR | | (4) RATE | (5) CALCULAT | rions | | |
| | TOTAL CLAIMS (37 CFR 1.16(c)) | | 21-20 = | 20 = 1 | | x\$ <u>18.00</u> = | \$ 18.00 | | | |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | | 18-3 = | 16 | | x\$ <u>80.00</u> | \$ 0.00 | | | |
| MU | LTIPLE DEI | PENDENT | CLAIMS (if applicable) (3 | 7 CFR 1.16 | (d)) | +\$= | \$0.00 | | | |
| | | | | | | BASIC FEE | \$710.00 | | | |
| | | | | | Total of abov | e Calculation | ns = \$728.00 | | | |
| Reduction | | | eduction by 50% for filing | or filing by small entity (Note 37 CFR 1.9, 1 | | | 27, 1.28) \$364.00 | | | |
| | | | | | | AL = \$364.00 | | | | |
| a. X Is cl b. Is no The Com Petition for a. X Fees b. X Fees c. X Fees 3. X A check is | or extension s required u s required u s required u | of time is inder 37 C inder 37 C inder 37 C | FR 1.17. | yments or c be consider | ed such Petition. 12/21/2000 AG(01 FC:231 | · | | lf a | | |
| Other: | | | · · · · · · · · · · · · · · · · · · · | | 02 FC:203 | <u> </u> | 9.00 00 | | | |
| | | | 10. NEW CORRESPOND | DENCE ADI | DRESS (if applicab | le) | | | | |
| NAME | | - | Seidman | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | man White & McAuliffe Lt | | · · · · · · · · · · · · · · · · · · | | 2005 2005 | | | |
| | | | | STATE | California | ZIP COL | | | | |
| COUNTRY | | U.S.A. | | EPHONE | 858-450-8400 | | AX 858-587-5360 | | | |
| N/AA45 | | | GNATURE OF APPLICAN | NT, ATTOR | NEY OR AGENT R | EQUIRED | - | | | |
| | | | Stephanie L. Seidman | | | | | | | |
| SIGNATURE | | 1-2 | 4 | | | | | | | |
| REGISTRATION (Attorney) | NO. | 33,779 | 7 | | | | | | | |
| DATE | | Decemb | per 19. 2000 | | | | | | | |

| CONTINUED PROSECUTION APPLICATION (PA) REQUEST TRANSMITTAL | | | | | | | | | | | | |
|--|---|----------------------|----------------------------|---|------------------|---------------|--------------------|---------------|------------------------|--|--|--|
| Address | - | _ | Attorn | Attorney Docket No. | | | 24730-2202 | | | | | |
| | P F BOX C | | for Patents | First Named Inventor | | | Stoughton | | | | | |
| /,9." | Weshi | ngton, D | C 20231 | Express Mail Label No | | | EL675147329US | | | | | |
| DEC | 1 9 2000 | | Group Art Unit | | | 1651 | | | | | | |
| A Str. | | | | Examiner | | | Meller, M. | | | | | |
| This is a r | equest for a | | continuation | X divisional application under 37 CF | | | | 7 CFR 1.53(d) | | | | |
| (continued prosecution application (CPA)) of prior application number <u>09/038,894</u> , filed on <u>March 11, 1998</u> , entitled <u>METHODS OF DIAGNOSIS AND TRIAGE</u> <u>USING CELL ACTIVATION MEASURES</u> | | | | | | | | | | | | |
| 1. Enter the unentered amendment previously filed on under 37 CFR 1.116 in the prior nonprovisional application. | | | | | | | | | | | | |
| 2. X A | preliminary ar | nendmen | it is enclosed. | | | | | | | | | |
| 3. Th | 3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4). a. DELETE the following inventor(s) named in the prior nonprovisional application: RECEIVED | | | | | | | | | | | |
| | 4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed. | | | | | | | | | | | |
| a | PTO-1449 Copies of ID: | S Citatior | ns | | | | | | TECH CENTER 16/10/2000 | | | |
| CLAIMS | (1) FOR | | | | 3) NUMBER EXTRA | | (4) RA | ΓE | (5) CALCULATIONS | | | |
| | TOTAL CLAIMS (37 CFR 1.16(c) | | 21-20 | = | | 1 | x\$ <u>18.00</u> = | | \$ 18.00 | | | |
| INDEPENDENT CLAIMS (37 CFR | | | 18-3 | = | 16 | | ×\$ <u>80.00</u> | - | \$ 0.00 | | | |
| | MULTIPLE DEI | PENDENT | CLAIMS (if applicable) | (37 CF | R 1.16 (d |)) | +\$= | | \$0.00 | | | |
| | BASIC FEE | | | | | | | | | | | |
| | | | | | | Total of abov | e Calcula | ations = | \$728.00 | | | |
| | | F | Reduction by 50% for filir | 50% for filing by small entity (Note 37 CFR 1.9, 1.27 | | | | | | | | |
| 6 6 | U4'64-6 | ··· | | | | <u>-</u> . | TO | DTAL = | \$364.00 | | | |
| 6. Small entity status: a. X Is claimed. b. Is not claimed. 7. The Commissioner is hereby authorized to credit overpayments or charge the any fees to Deposit Account No. 50-1213. If a Petition for extension of time is needed, this paper is to be considered such Petition. a. X Fees required under 37 CFR 1.16. | | | | | | | | | | | | |
| b. X | Fees required u | ınder 37 C | OFR 1.17. | | * | | | | | | | |
| c. X | c. X Fees required under 37 CFR 1.18. | | | | | | | | | | | |
| ı ⊢ | | | | | | | | | | | | |
| 9. Other: 10. NEW CORRESPONDENCE ADDRESS (if applicable) | | | | | | | | | | | | |
| NAME Stephanie Seidman | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | |
| CITY | | La Jolla | Jolla | | ATE California | | ZIP CODE | | 92037 | | | |
| COUNTRY | | U.S.A. | TEL | | ONE 858-450-8400 | | FAX | | 858-587-5360 | | | |
| 11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | | | | | | | | | | |
| NAME | | Stephanie L. Seidman | | | | | | | | | | |
| SIGNATURE | - | | | | | | | | | | | |
| REGISTRAT (Attorney) | REGISTRATION NO. (Attorney) 33,779 | | | | | | | | | | | |
| DATE | | Decem | December 19, 2000 | | | | | | | | | |